

N14025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
JR 2/27/06

Office Use Only



900088790759

02/26/07--01028--021 **35.00

RA to chy.

07 FEB 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Roberts FEB 27 2007

DICKER, KRIVOK & STOLOFF, P.A.

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FLORIDA 33409

EDWARD DICKER
JAMES N. KRIVOK
SCOTT A. STOLOFF
LAURIE G. MANOFF

TELEPHONE
(561) 615-0123
FAX
(561) 615-0128

February 23, 2007
SENT VIA REGULAR U.S. MAIL

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

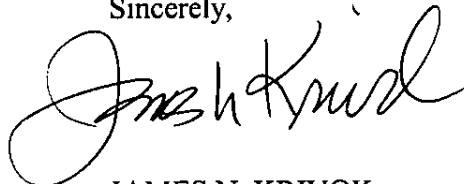
Re: Aberdeen Golf & Country Club, Inc.

To whom it may concern:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both For Corporations for Aberdeen Golf & Country Club, Inc., for filing with the Division of Corporations. Also, enclosed is the our firm's check in the amount of Thirty-Five Dollars (\$35.00) representing filing fees for the same.

If you require anything further, please contact me.

Sincerely,



JAMES N. KRIVOK
For the Firm

JNK/jf
Enclosures
cc: Club, Attention: Michael DiPierro, General Manager
T:\Documents\Janet\JK\ABERDEEN GOLF AND COUNTRY CLUB 2496\FlaSecofStateFilingLtr.wpd

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABERDEEN GOLF & COUNTRY CLUB, INC.
(Name of Corporation)

DOCUMENT NUMBER: N14025

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JAMES N. KRIVOK, ESQUIRE
(Name of Contact Person)

DICKER, KRIVOK & STOLOFF, P.A.
(Firm/Company)

1818 AUSTRALIAN AVENUE S. STE. 400
(Address)

WEST PALM BEACH, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES N. KRIVOK at (561) 615-0123
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABERDEEN GOLF & COUNTRY CLUB, INC.
2. The principal office address: 8251 ABERDEEN DR., BOYNTON BEACH, FL 33437
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/26/1986 Document number: N14025
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GLICKMAN, LARRY
SACHS, SAX AND KLEIN, P.A.
NORTHERN TRUST PLAZA, STE. 4150
BOCA RATON, 33481

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES N. KRIVOK, ESQ.,
DICKER, KRIVOK & STOLOFF P.A.
1818 AUSTRALIAN AVENUE S. STE. 400
(P.O. Box NOT acceptable)
WEST PALM BEACH, FL 33409

FILED
07 FEB 26 AM 10:47
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

John Pagliarini President JOHN PAGLIARINI PRESIDENT
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 2-22-07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***